

EXHIBIT A

ArthurMourtzinos

Trial Designations



Mourtzinos, Arthur

2025-06-13

Defense Designations	00:33:09
Plaintiff Designations	00:10:52
TOTAL RUN TIME	00:44:02



ID: ArthurMourtzinos

2025-06-13	Mourtzinis, Arthur	Page 1	2025-06-13	Mourtzinis, Arthur	Page 2
1	UNITED STATES DISTRICT COURT		1	APPEARANCES OF COUNSEL	
2			2		
3			3	On behalf of Plaintiff:	
4	YOLETTE L. DESROSIERS, .		4	RYAN D. HURD	
5	Plaintiffs, .		5	One Liberty Place	
6	vs. [REDACTED] .		6	52nd Floor	
7	SIG SAUER, INC., [REDACTED] .		7	(215) 608-5217	
8	Defendant. .		8		
9			9		
10			10	CAMPBELL CONROY & O'NEIL, P.C.	
11	VIDEOTAPED DEPOSITION OF		11	Suite 300	
12	ARTHUR P. MOURTZINOS, M.D.		12	(617) 241-3000	
13	Taken by Defendant		13		
14			14	Also Present:	
15			15	David Woodford, Videographer	
16			16		
17			17		
18			18		
19			19		
20	Alec Ricker CER 2781		20		
21			21		
22			22		
23	Proceedings recorded by electronic sound recording;		23		
24			24		
25			25		
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1	INDEX TO EXAMINATION		1	THE VIDEOGRAPHER: This is Media Unit Number	
2	EXAMINATION OF ARTHUR P. MOURTZINOS, M.D. PAGE		2	1 of the video-recorded deposition of Dr. Arthur	
3	Examination by MS. DEVINE		3	Mourtzinis. This is in the matter of Jacques	
4	Examination by MR. HURD 31		4	Desrosiers and Yvette L. Desrosiers v. Sig Sauer, Inc.	
5	Further Examination by MS. DEVINE 40		5	It's being heard before the United States District	
6			6	Court for the District of Massachusetts. Civil action	
7	INDEX OF EXHIBITS		7	number is 1:22-CV-11674-MJJ. This deposition is taking	
8	DEFENDANT'S DESCRIPTION PAGE		8	place at the office of Campbell Conroy & O'Neal, P.C.,	
9	Exhibit 213 [REDACTED] CV		9	20 City Square, Boston, Massachusetts, on June 13th,	
10	Exhibit 246 Medical Records 6-2-2020 [REDACTED] 30		10	2025, beginning at 10:21 a.m.	
11	Exhibit 248 Health Records [REDACTED] 30		11	My name is David Woodford, legal video	
12			12	specialist, and the court reporter is Alec Ricker, both	
13			13	here from Esquire Deposition Solutions. Will Counsel	
14	(Exhibits 213, 246, and 248 were attached		14	present please introduce yourselves and your	
15	to the original transcript.)		15	affiliations and the witness will be sworn.	
16			16	MR. HURD: Ryan Hurd with Saltz Mongeluzzi	
17			17	Bendesky on behalf of Plaintiff Jacques Desrosiers.	
18			18	MS. DEVINE: Alaina Devine of Campbell Conroy	
19			19	& O'Neil on behalf of Sig Sauer.	
20			20	THE REPORTER: Thank you all very much.	
21			21	Pursuant to the Federal Rules of Civil Procedure, I	
22			22	will be capturing the verbatim record of today's	
23			23	proceeding using electronic audio equipment, a	
24			24	computer, and specialized recording software, which is	
25			25	not form of stenography. The witness is located in	

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1 Boston, Massachusetts and has confirmed their identity
 2 with a driver's license issued by the Massachusetts
 3 Department of Motor Vehicles.
 4 Absent any objection at this time, Counsel
 5 and the witness agree to my administration of the oath
 6 to this witness and that the final transcript may be
 7 used for all purposes allowed by the Federal Rules.
 8 Hearing no objection, this shall constitute
 9 agreement and stipulation of such, and I will now swear
 10 in the witness.
 11 Doctor, would you please raise your right
 12 hand? Thank you so much.
 13 ARTHUR P. MOURTZINOS, M.D., having been first
 14 duly sworn, testified as follows:
 15 THE REPORTER: Thank you so much. Counsel,
 16 take it away.
 17 EXAMINATION
 18 BY MS. DEVINE:
 19 Q. Good morning, Doctor.
 20 A. Good morning.
 21 Q. Could you please introduce yourself to the jury?
 22 A. My name is Dr. Arthur P. Mourtzinis.
 23 Q. Dr. Mourtzinis, are you a licensed physician?
 24 A. Yes, I am.
 25 Q. What is your specialty?

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1 Medical Center in Burlington, Massachusetts.
 2 Q. Do you hold any other positions or employment?
 3 A. I do go to satellite facilities at Parkland Medical
 4 Center in New Hampshire. And I also hold an associate
 5 professorship at Tufts University School of Medicine in
 6 UMass Chan Medical School.
 7 Q. And what subjects do you teach?
 8 A. I teach subjects related to urology and urologic
 9 surgery.
 10 Q. Could you briefly summarize your professional
 11 licensures and board certifications?
 12 A. I am currently licensed in the state of
 13 Massachusetts and New Hampshire. I was previously
 14 licensed in the state of California during my
 15 fellowship and currently have an inactive license. I
 16 am licensed -- I have -- I'm board-certified in the
 17 field of urology, as well as in the subspecialty field
 18 of female pelvic medicine and urologic reconstructive
 19 surgery.
 20 Q. Dr. Mourtzinis, do you hold any leadership
 21 positions?
 22 A. I do. I'm just going to -- I mean, so I don't
 23 forget them. I am currently vice-chair of the Division
 24 of Urology and have been for at least ten years. I am
 25 also vice-chair of the physician compensation plan at

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1 A. My specialty is urologic surgery.
 2 Q. Could you explain to the jury what is encompassed
 3 in the field of urologic surgery?
 4 A. So in the field of urologic -- the field of
 5 urologic surgery encompasses any type of voiding
 6 dysfunction, erectile dysfunction, cancer involving the
 7 prostate, bladder, kidneys, testis, or any kind of
 8 surgical procedure related to the genitourinary tract,
 9 as well as the gonadal area.
 10 MS. DEVINE: Doctor, I've marked Exhibit 213
 11 here as your CV. I'm going to place that in front of
 12 you.
 13 (Defendant's Exhibit 213 is marked for
 14 identification.)
 15 BY MS. DEVINE:
 16 Q. Could you please tell for the jury your educational
 17 history?
 18 A. I completed my B.A. at Boston University in May of
 19 1995. I completed my M.D. degree at Boston University
 20 in May of 2019. I also completed a master's in
 21 business administration at Babson College in September
 22 of 2013.
 23 Q. Could you explain where you're currently
 24 practicing?
 25 A. Currently, I am practicing at Lahey Health &

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1 Lahey, as well as the director of professional billing
 2 and coding at Lahey Health & Medical Center.
 3 Q. And do you have an active clinical practice?
 4 A. I do.
 5 Q. What is your specialty in your clinical practice?
 6 A. My specialty is in urologic reconstructive surgery,
 7 urinary continence, overactive bladder, and -- and
 8 sexual dysfunction.
 9 Q. Your work in this case relates to you bringing your
 10 expertise as a urologist to these issues; is that
 11 correct?
 12 A. That's correct.
 13 Q. Doctor, I'm going to ask you about some of your
 14 opinions in this case. Without going through this
 15 question every time, if you do offer an opinion in this
 16 case under oath, that would be to a reasonable degree
 17 of medical certainty; is that correct?
 18 A. That is correct.
 19 Q. In connection with your time as -- spent as a
 20 consultant or expert, do you charge for that time?
 21 A. I do.
 22 Q. Okay. And what is your hourly rate?
 23 A. My hourly rate is \$650 per hour.
 24 Q. How many times have you testified in court before?
 25 A. I have testified, to the best of my knowledge,

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1 three or four times in court and once or twice before a
 2 tribunal.
 3 Q. In your practice where you spend most of your time,
 4 how do your referrals or patients come to you?
 5 A. In my practice, I would say that approximately 60
 6 to 65 percent of my referrals come from internal
 7 medicine doctors within the Lahey Health system, and 30
 8 to 35 percent of referrals come from urologists outside
 9 of the Lahey Health & Medical system.
 10 Q. And when you visit with patients, is that generally
 11 in person, or do you ever utilize telehealth?
 12 A. I visit patients overwhelmingly in person. I like
 13 to use telehealth for established patients or for
 14 patients as an initial visit who are coming to see me
 15 from overseas or who are completely incapacitated and,
 16 unfortunately, cannot come to their appointments as
 17 initial appointments.
 18 Q. Do you have any other board certifications other
 19 than in urology?
 20 A. No. I do not.
 21 Q. Can you describe to the jury, please -- and I can
 22 take your CV out of the way for you -- your experience
 23 and practice with urological trauma?
 24 A. I have been employed at Lahey Health & Medical
 25 Center for 17 years -- 17 years and have -- we are a

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1 from performing his daily activities and all of his
 2 urologic conditions are readily treatable.
 3 Q. Thank you, Dr. Mourtzinis. I'm going to move
 4 briefly to discussion of Mr. Desrosiers's acute
 5 injuries as a result of the incident on October 10th,
 6 2019. Can you describe for the jury how Mr. Desrosiers
 7 presented and the treatment he received as a result of
 8 his incident?
 9 A. So based on the operative record from the treating
 10 urologist, he presented to the emergency room with a
 11 degloving injury of his penis, as well as what appeared
 12 to be a penetrating wound in his right hemiscrotum with
 13 an exit wound and may have had some injury to the
 14 testis. He had radiographic imaging, including a
 15 scrotal ultrasound, which confirmed a right testicular
 16 rupture.
 17 Q. Could you describe to the jury what type of
 18 treatment he received as a result of those injuries?
 19 A. He -- he was taken to the operating room by the
 20 urologic team and underwent a debridement and repair of
 21 his degloving injury where the nonviable skin of his
 22 penis and his scrotum was removed and then brought
 23 together, as well as a repair of his testicular
 24 rupture.
 25 Q. In your review of the records pertaining to Mr.

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1 Level 1 trauma center and had extensive experience with
 2 urologic trauma. I also did deal with urologic trauma
 3 in my residency as well as in my fellowship at UCLA
 4 Medical Center in Los Angeles.
 5 Q. In this case, Dr. Mourtzinis, what were you asked
 6 to do?
 7 A. In this case, I was asked to render opinion as to
 8 whether Mr. Desrosiers's injuries prevent him from
 9 participating in activities in his daily life.
 10 Q. And what did you do, Dr. Mourtzinis, to carry out
 11 that assignment?
 12 A. In order to carry out that assignment, I reviewed
 13 all of his medical records prior to his injury, as well
 14 as after his injury. And in addition, I performed -- I
 15 -- in addition, I met the -- the patient at a hotel to
 16 perform a history and physical examination.
 17 Q. And as a result of your review of those medical
 18 records and your evaluation of Mr. Desrosiers, did you
 19 come to certain opinions in this case, that you hold to
 20 a reasonable degree of medical certainty?
 21 A. I did.
 22 Q. And what are those opinions?
 23 A. Those opinions are that based on my review of the
 24 medical records, the -- and the history and physical
 25 that I conducted, that none of his injuries prevent him

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1 Desrosiers's acute medical care, did Mr. Desrosiers
 2 experience any complications in the treatment he
 3 received?
 4 A. He did not.
 5 Q. And in your review of the medical records with
 6 respect to Mr. Desrosiers's urological care in this
 7 case, do you know the last time he sought treatment for
 8 his urological issues?
 9 A. I believe that the last time he saw a urologist was
 10 approximately six to seven months after his initial
 11 operative procedure following his injury.
 12 Q. And would that have been, then, around the June
 13 2020 time frame?
 14 A. That's correct.
 15 Q. Dr. Mourtzinis, you explained to the jury that part
 16 of your work in this case was reviewing Mr.
 17 Desrosiers's medical records. Did that include some of
 18 his prior medical records as well?
 19 A. That's correct.
 20 Q. And what, if anything, did you learn about Mr.
 21 Desrosiers and any prior issues with respect to
 22 erectile dysfunction that he may have had before the
 23 incident?
 24 A. Based on his old records, he first reported
 25 erectile dysfunction in 2018 and stated that he had had

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1 it for at least a year prior to that time.

2 Q. What -- could you explain to the jury what erectile

3 dysfunction is?

4 A. So erectile dysfunction is the failure to either

5 achieve or maintain an erection satisfactory for

6 vaginal intercourse.

7 Q. And how is erectile dysfunction diagnosed?

8 A. Erectile dysfunction is generally diagnosed by a

9 thorough history and physical as well as, potentially,

10 some laboratory tests.

11 Q. Could you describe for the jury the primary causes

12 of erectile dysfunction?

13 A. The primary causes of erectile dysfunction are a

14 previous history of tobacco use, diabetes mellitus, as

15 well as age.

16 Q. And could you also explain to the jury how erectile

17 dysfunction is generally treated?

18 A. So erectile dysfunction is generally treated in

19 multiple ways. Conservatively, patients can either use

20 something known as a vacuum erection device. And there

21 are very good medical therapies as well for those

22 patients, including medications called

23 phosphodiesterase 5 inhibitors, such as sildenafil,

24 otherwise known as Viagra, Levitra, or Cialis. In

25 addition to oral therapies, there are therapies where

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1 Q. Generally speaking, what is the prognosis of men

2 similar to the age of Mr. Desrosiers who have been

3 diagnosed with a erectile dysfunction?

4 A. The prognosis is excellent.

5 Q. And is it true that most patients can be

6 successfully treated with the currently available

7 therapies?

8 A. Yes.

9 Q. I want to revisit -- we discussed Mr. Desrosiers's

10 prior erectile dysfunction, and I'd like to show you

11 Exhibit 248, which are Mr. Desrosiers's Atrius Health

12 records, and in particular, the record dated January

13 11th, 2018, so about a year and a half plus prior to

14 the incident.

15 A. Would you like me to show this up for the camera?

16 Q. I don't believe so. I think they'll take care of

17 that after.

18 A. Okay.

19 Q. Thank you.

20 Doctor Mourtzinis, I'd like to draw your attention

21 to the bottom paragraph on that page. Could you please

22 read that for the jury?

23 A. Yes. "Patients note -- patient notes, he has been

24 having ED issues for the last year, which is causing

25 strain between him and his wife. Period. Difficult to

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1 medications can be inserted into the urethral meatus or

2 the opening of the penis, known as MUSE, M-U-S-E.

3 For patients who don't choose those options,

4 there's also therapy where medication can be injected

5 into the base of the penis leading to an erection. And

6 in patients who fail all of these therapies, the last

7 remaining therapy would be to proceed with an -- with a

8 penile prosthesis where patients are able to inflate

9 and deflate their penis, simulating an erection.

10 Q. Dr. Mourtzinis, you described one of the primary

11 causes of erectile dysfunction as age. Can you expand

12 on that a bit?

13 A. So based on several studies in the literature,

14 generally speaking, 50 percent of patients over the age

15 of 50 have some form of erectile dysfunction.

16 Q. Are there other causes to erectile dysfunction,

17 psychological type of consequences?

18 A. In addition to organic causes, such as the ones I

19 mentioned with tobacco use, diabetes, and -- and heart

20 disease, there are also some psychosocial or

21 psychogenic problems that are -- that can be cause of

22 erectile dysfunction, such as -- such as, you know,

23 relationship issues between the patient and a

24 significant other, anxiety, depression, stress, that

25 can prevent erections from occurring.

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1 obtain any erection with no sex drive."

2 Q. You had indicated for the jury that Mr. Desrosiers

3 had prior erectile dysfunction, then, at least as he

4 describes it, a year prior to when it was first

5 reported on January 11th, 2018; is that correct?

6 A. That is correct.

7 Q. And Mr. Desrosiers would be around 55 or 56 years

8 old at that time; is that correct?

9 A. I'm just going to look at his date of birth at that

10 time. That is correct.

11 Q. Okay. And how common is it for men of that age to

12 have erectile dysfunction in your practice?

13 A. Extremely common.

14 Q. Do you know, based on your review of Mr.

15 Desrosiers's prior records, how his erectile

16 dysfunction that was first reported in January of 2018

17 was treated?

18 A. Yes, I do.

19 Q. Okay. And how was that?

20 A. According to his old medical records, he was seen

21 by a urologist who performed some laboratory work and

22 prescribed him sildenafil, which is the generic form of

23 Viagra. According to the notes, he had taken 60

24 milligrams of sildenafil on several occasions with

25 success.

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1 Q. Do you know, based on your review of the records,
 2 the last time that Mr. Desrosiers sought treatment for
 3 his erectile dysfunction?
 4 A. Based on the review of the medical records, the
 5 last time that he had sought treatment for this was in
 6 July of 2018.
 7 Q. Okay. And that holds true through to the present
 8 day, correct?
 9 A. That's correct.
 10 Q. I want to next ask you, Dr. Mourtzinis, about
 11 hypogonadism. Can you explain for the jury what that
 12 is?
 13 A. Hypogonadism is defined as a low testosterone level
 14 that involves the -- that involves two separate
 15 testosterone levels drawn from the blood before 10:00
 16 a.m. on separate occasions.
 17 Q. And how do patients who have hypogonadism present
 18 for treatment?
 19 A. Generally speaking, patients complain of decreased
 20 energy. They complain of fatigue. They can complain
 21 of decreased sexual libido as well. Excuse me.
 22 Q. How common is hypogonadism? Is it fair to say it's
 23 low testosterone?
 24 A. Correct. So the layman's term of -- for
 25 hypogonadism is low testosterone, and it's extremely

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1 Q. Doctor, I want to next discuss with you your
 2 evaluation of Mr. Desrosiers on August 22nd, 2024.
 3 Were you asked to meet and evaluate Mr. Desrosiers in
 4 connection with this case?
 5 A. Yes, I was.
 6 Q. Okay. And where did you meet him?
 7 A. So I met Mr. Desrosiers in the evening sometime at
 8 the Hampton Inn in Woburn, Massachusetts.
 9 Q. And I indicated that was in August of 2024, at
 10 least according to the records. Does that comport with
 11 your memory?
 12 A. That's correct.
 13 Q. Can you describe for the jury, step by step, the
 14 purpose of your evaluation and exactly what you did?
 15 A. Sure. The purpose of the evaluation was not only
 16 to do a physical exam, but to obtain a patient's
 17 history of his urologic condition. So to go
 18 step-by-step, we met in the hall. He was already there
 19 and was very pleasant, and we proceeded to go to an
 20 exam -- well, not an exam room, I should say.
 21 We proceeded to go to a conference room in a quiet
 22 area around the corner where there was nobody else
 23 there. The doors were closed. It was only the two of
 24 us. I then proceeded to do a history and a physical
 25 exam over the course of the next half hour at that

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1 prevalent.
 2 Q. Okay. Same thing, same -- similar question as the
 3 erectile dysfunction: A male of Mr. Desrosiers's age
 4 in 2018 or in 2025, how common is that for a patient
 5 like that to develop?
 6 A. It's -- it's -- typically, for somebody his age,
 7 somewhere between 40 to 70 percent of patients have low
 8 testosterone.
 9 Q. Okay. How is low testosterone treated?
 10 A. So low testosterone is treated with a multitude of
 11 methods of testosterone supplementation that can
 12 include medications given orally; intranasally or
 13 through the nose; with a transdermal preparation, in
 14 other words, where they rub testosterone onto a body
 15 part, in particular the shoulder; a patch; or injection
 16 therapy.
 17 Q. What is the prognosis for men of Mr. Desrosiers's
 18 age with low testosterone?
 19 A. The prognosis is excellent as well.
 20 Q. Okay. And is it fair to say that low testosterone
 21 is responsive to treatment?
 22 A. Yes, it is.
 23 Q. Okay. And do you regularly see patients in your
 24 practice with low testosterone?
 25 A. Yes, I do.

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1 time. And I asked him several questions and then
 2 performed a physical exam.
 3 Q. When you say physical exam, Doctor, can you explain
 4 to the jury exactly what that entails?
 5 A. Sure. So a physical exam for me is -- I always
 6 start with a general assessment of the patient, and he
 7 was alert. He was oriented. He was very pleasant and
 8 very cooperative with all of my questions.
 9 I then proceeded to perform specifically a
 10 genitourinary exam, which involves examination of the
 11 penis; the urethra, which is the hole that we urinate
 12 through; the scrotum, as well as the contents within
 13 the scrotum, which include the testis and the spermatic
 14 cord; and if necessary, a rectal examination.
 15 What I found was that with respect to his penile
 16 exam, he had some minimal decreased sensation to touch
 17 along the right side of his penis. There was a small
 18 scar that was present from his surgical repair. His
 19 urethral meatus was open and normal. There was no
 20 tenderness whatsoever during the exam of the penis.
 21 On examination of his scrotum -- excuse me --
 22 again, he was noted to have a -- a scar there, which
 23 was a little bit more difficult to see. Scars can
 24 generally be difficult to see in the scrotum. He also
 25 had some decreased sensation along the right side of

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1 his scrotum. Again, there was no tenderness
 2 whatsoever.
 3 His left testicle was normal in size and
 4 appearance. There was no tenderness on the left side.
 5 His right testicle was smaller than his left testicle,
 6 but there was no tenderness to palpation or whatnot. I
 7 did not feel any other abnormalities aside from the
 8 size of his right testis.
 9 I did not perform a rectal exam in this individual.
 10 And that was the extent of my physical examination.
 11 Q. Thank you, Dr. Mourtzinis. Did you observe any
 12 disfigurement during your examination?
 13 A. I did not.
 14 Q. During your examination, was there any -- I think
 15 you may have touched on this briefly -- neuropathy
 16 described or experienced when you were conducting your
 17 examination?
 18 A. So when I was conducting my -- my history -- or
 19 when I was conducting my examination, the only kind of
 20 neuropathy was a decreased sensation to -- to light
 21 touch along his right scrotum and along his penis. In
 22 terms of the history itself, he described a periodic
 23 scrotal pain that he assessed as a level 4 out of 10
 24 that occurred periodically. He also reported that on
 25 occasion, he would have some discomfort when he had a

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1 full bladder that would be relieved instantly with
 2 urination.
 3 He reported no difficulty with urination prior to
 4 the injury, and he reported no change in his urinary
 5 function after the injury. He also reported that he
 6 did have erectile dysfunction prior to the injury and
 7 that he had had a progressive decline in sexual
 8 activity due to his age.
 9 Q. Let me stop you right there, Doctor.
 10 A. Sure.
 11 Q. Specific to the questions you asked him about his
 12 current sexual function, can you describe for the jury
 13 exactly what he told you?
 14 A. So I asked him point blank, and I said, do any of
 15 your -- does your sexual dysfunction or your periodic
 16 discomfort prevent you from performing the activities
 17 of your daily life? And he said, no.
 18 Q. And would that includes sexual activity from your
 19 perspective?
 20 A. That's correct.
 21 Q. Okay. And the neuropathy that you just described
 22 for the jury, would that have any impact on the ability
 23 to obtain an erection?
 24 A. No, it would not.
 25 Q. Did he otherwise describe any issues including pain

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1 that may be impacting his sexual cycle?
 2 A. He did not.
 3 Q. Did you make any observations of Mr. Desrosiers
 4 physically in terms of him walking, either coming to or
 5 leaving the room or walking out to the parking lot?
 6 A. Yes. I -- I did because I -- I try to observe
 7 these things, and he -- when we walked to the exam room
 8 together, he appeared to be walking normally and was
 9 not grimacing in any discomfort. When we walked out of
 10 the exam room together and walked out of the hotel, I
 11 walked behind him and he walked a distance to his car
 12 and was able to get into his car without any difficulty
 13 and did not walk with a -- with a limp or appear to
 14 have any difficulty whatsoever.
 15 Q. Dr. Mourtzinis, you stated that Mr. Desrosiers made
 16 a comment to you that he had a progressive decline in
 17 his sexual activity given his age; is that correct?
 18 A. That's correct.
 19 Q. Did Mr. Desrosiers express to you that he had any
 20 decline in his sexual activity as a result of the
 21 incident?
 22 A. He did not.
 23 Q. Did Mr. Desrosiers express to you that he had a
 24 decline in his sexual activity given his injuries as a
 25 result of the incident?

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1 A. He did not.
 2 Q. Okay.
 3 Dr. Mourtzinis, I am now going to show you Exhibit
 4 246, which is a page from the medical records of Mass
 5 General Hospital, specifically, a note dated June 2nd
 6 of 2020. I'll draw your attention to the bottom of the
 7 page.
 8 Dr. Mourtzinis, is Mass General Hospital where Mr.
 9 Desrosiers treated for his urological acute injuries
 10 and any follow-up?
 11 A. That's correct.
 12 Q. Okay. And could you please read for the jury the
 13 note dated June 2nd, 2020, which is the last date in
 14 time Mr. Desrosiers sought urological care for his
 15 injuries as a result of the incident?
 16 A. Yes.
 17 Q. And what does that note say?
 18 A. "Discussed with patient, comma, he's doing well
 19 overall, period. Penis is healed very well, period.
 20 No issues with urination, period. No blood in urine,
 21 period. No dysuria, period. Overall doing well,
 22 comma, still having some difficulty with his leg,
 23 period. No urologic issues at this time, period.
 24 Follow-up PRN, period."
 25 Q. Based on that record and your experience, Dr.

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1 Mourtzinis, did Mr. Desrosiers present in June of 2020
 2 with any urological issues?
 3 A. No. He did not.
 4 Q. Did Mr. Desrosiers present and report any pain, at
 5 least according to these records, in either his penis
 6 or his scrotum?
 7 A. No. He did not.
 8 Q. And according to these records, did Mr. Desrosiers
 9 report anything to his doctor about any impact his
 10 injuries may be having on his sexual functioning?
 11 A. No. He did not.
 12 Q. I can take that from you.
 13 Dr. Mourtzinis, do you have an opinion whether
 14 anything from a urological perspective that can't be
 15 treated as a result of Mr. Desrosiers's injuries?
 16 A. Yes, I have an opinion. And there is nothing based
 17 on the report, my history and physical, that cannot be
 18 readily treated.
 19 Q. Okay. And what is the basis for that opinion? You
 20 said your report, but could you expand on that a little
 21 bit?
 22 A. Sure. The basis of that opinion is based on his
 23 medical records, my history and physical, as well as
 24 the literature out there that -- the literature, as
 25 well as my personal experience in treating patients

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1 Q. And again, is there anything about the injuries he
 2 sustained, from your experience, that would impact the
 3 success of that treatment on his erectile dysfunction?
 4 A. No, there is not.
 5 Q. Do you have an opinion, Dr. Mourtzinis, about
 6 whether Mr. Desrosiers suffered any permanent
 7 disfigurement as a result of the incident?
 8 A. Yes, I do.
 9 Q. Okay. And what is that opinion?
 10 A. My opinion is that he did not suffer any permanent
 11 disfigurement as a result of the injuries he sustained.
 12 Q. And Dr. Mourtzinis, is that based on your physical
 13 examination of Mr. Desrosiers?
 14 A. Physical and history, correct.
 15 Q. And Dr. Mourtzinis, do you have an opinion about
 16 Mr. Desrosiers's scrotal and penile pain, based on your
 17 review of the records and examination?
 18 A. Yes, I do.
 19 Q. And what is that opinion?
 20 A. My opinion is that his scrotal pain is minimal and
 21 occurs periodically, but that it does not affect any
 22 aspect of the daily activities of his life.
 23 Q. You're aware in this case that Mr. Desrosiers has
 24 retained his own urologist, Dr. Khan; is that correct?
 25 A. That is correct.

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1 with erectile dysfunction and low testosterone.
 2 Q. And we spoke earlier about the number of available
 3 treatment options there are for erectile dysfunction
 4 and low testosterone. Are those all treatment
 5 available that are available to -- excuse me --
 6 treatment options that are available to Mr. Desrosiers,
 7 even with his injuries?
 8 A. Yes, they are.
 9 Q. Okay. And based on your experience, Dr.
 10 Mourtzinis, do you believe that if Mr. Desrosiers
 11 elected to engage in those types of treatments and
 12 therapies, they would be successful?
 13 A. Yes, I do.
 14 Q. Do you know whether Mr. Desrosiers has attempted to
 15 engage in any of those treatments or therapies since
 16 the incident?
 17 A. Based on the records and my history and physical,
 18 he has not.
 19 Q. Do you have an opinion in this case about Mr.
 20 Desrosiers's current level of sexual functioning?
 21 A. Based on -- my opinion is that the patient has
 22 preexisting erectile dysfunction that had been treated
 23 adequately and, to the best of my knowledge, has not
 24 sought further treatment for this erectile dysfunction
 25 thereafter.

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1 Q. And in connection with your work on this case, did
 2 you have an opportunity to review Dr. Khan's opinions
 3 and testimony?
 4 A. I did.
 5 Q. And do you have any -- do you agree with Dr. Khan's
 6 opinion that Mr. Desrosiers's chronic genital pain
 7 impacts his sexual level of functioning?
 8 A. I do not.
 9 Q. And why not?
 10 A. I did not, in my history and physical assessment of
 11 the patient --
 12 MR. HURD: I'm sorry to interrupt you. Your
 13 video just went out. And I don't know if it's just the
 14 Zoom video or if it's the recording. There you go.
 15 THE WITNESS: Where did you lose me?
 16 MR. HURD: Hold on. I lost you about a
 17 minute ago. It looked like your camera was moving all
 18 over the place.
 19 MS. DEVINE: Do you have -- can we go off the
 20 record for a second?
 21 THE VIDEOGRAPHER: Yeah.
 22 MS. DEVINE: Okay.
 23 THE VIDEOGRAPHER: We are now going off the
 24 record. The time is 10:54 -- oh, sorry, 10:54 a.m.
 25 Eastern Daylight Time.

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1 (A recess was taken.)
 2 THE VIDEOGRAPHER: This is the beginning of
 3 Media 2. On the record 10:58 a.m.
 4 BY MS. DEVINE:
 5 Q. Dr. Mourtzinis, you're aware that the plaintiff in
 6 this case, Mr. Desrosiers, has retained his own
 7 urologist, Dr. Khan; is that correct?
 8 A. Yes, I am.
 9 Q. And in connection with your work in this case, did
 10 you have an opportunity to review Dr. Khan's opinions
 11 and testimony?
 12 A. Yes, I did.
 13 Q. Okay. And did you review Dr. Khan's opinion
 14 specifically that Mr. Desrosiers's chronic genital pain
 15 impacts his sexual functioning?
 16 A. Yes, I did.
 17 Q. Do you agree with that opinion?
 18 A. I do not.
 19 Q. And why not?
 20 A. Based on my history, physical, I did not see any
 21 evidence, either from a physical standpoint or in the
 22 history, of any type of chronic pelvic, scrotal, or
 23 penile pain that may be impacting his daily activities
 24 in his life.
 25 Q. And again, the injury to Mr. Desrosiers's penis and

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1 MR. HURD: Can you hear me?
 2 MS. DEVINE: Yes. Thank you.
 3 MR. HURD: Okay.
 4 MS. DEVINE: I have no further questions, Dr.
 5 Mourtzinis, at this time. Thank you very much.
 6 THE WITNESS: Thank you.
 7 EXAMINATION
 8 BY MR. HURD:
 9 Q. Good morning, Dr. Mourtzinis. My name is Ryan
 10 Hurd, and I'm one of the attorneys representing Jacques
 11 Desrosiers.
 12 A. Good morning, Attorney Hurd.
 13 Q. You would agree that your assessment of Mr.
 14 Desrosiers did not at all involve an assessment of his
 15 psychological injury, correct?
 16 A. That's correct.
 17 Q. And you also did not evaluate him for the injury to
 18 his thigh and how that has impacted his life, correct?
 19 A. That's correct.
 20 Q. Okay. So when you testified earlier that his
 21 injury did not prevent him from carrying out any
 22 activities of his daily life, you're speaking of just
 23 the urological injury and the injury to his penis and
 24 scrotum, correct?
 25 A. That's correct.

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1 scrotum does not limit any of the treatment options
 2 available to him, correct?
 3 A. Correct. They do not.
 4 Q. And in fact, Dr. Khan, in his report, are you
 5 familiar with his recommendation that Mr. Desrosiers
 6 could seek treatment, if he so desired?
 7 A. That's correct.
 8 Q. And in your opinion, Dr. Mourtzinis, would
 9 treatment help Mr. Desrosiers for his urological
 10 issues?
 11 A. Yes, it would.
 12 MS. DEVINE: For the record, I would move to
 13 qualify Dr. Mourtzinis as an expert in urology.
 14 MR. HURD: No objection.
 15 MS. DEVINE: If not already admitted, I would
 16 also move to admit Exhibit 246, the Mass General
 17 Hospital record for Mr. Desrosiers, as well as Exhibit
 18 248, the Atrius Health records for Mr. Desrosiers.
 19 (Defendant's Exhibit 246 and 248 are admitted
 20 into the record.)
 21 MR. HURD: To those we do object.
 22 MS. DEVINE: Do you want to put an objection
 23 on the record?
 24 MR. HURD: Objection. Hearsay.
 25 MS. DEVINE: No further questions.

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1 Q. So let's talk about erectile dysfunction.
 2 Commonly, it goes by ED, right?
 3 A. Correct.
 4 MR. HURD: I apologize. There was an arm in
 5 front of the camera there.
 6 BY MR. HURD:
 7 Q. Would you agree that ED is not something -- not a
 8 condition that works like a light switch where it's,
 9 you know, on or off. It's something that's more of a
 10 dimmer switch in terms of degrees?
 11 A. I think there's varying degrees of ED. That's
 12 correct.
 13 Q. Okay. And you testified, I believe, that 50
 14 percent of the guys over 50 years old have ED, right?
 15 A. At least, typically.
 16 Q. At least 50. Would you agree that at least some
 17 portion of those guys can get some form of an erection?
 18 It's just not satisfactory for them, so they go and
 19 seek treatment or something like Viagra.
 20 A. Correct.
 21 Q. Okay. And this goes back to it being something
 22 like a dimmer switch. It's not just on or off.
 23 A. Correct.
 24 Q. And in terms of the hypogonadism, low testosterone,
 25 that's also something that is not a light switch. It's

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1 something that, you know, people suffer from in
 2 degrees --
 3 A. Correct.
 4 Q. -- right? Okay. Now, would you agree that
 5 treatment that's available for these conditions, for ED
 6 and low testosterone, that can be successful without
 7 any injury to the anatomy?
 8 A. Correct.
 9 Q. You would also agree that when there's injury to
 10 the underlying anatomy that's necessary to maintain an
 11 erection or even to achieve an erection, that's
 12 something that could inhibit the treatment that's
 13 available.
 14 A. Correct.
 15 Q. So let's talk about Jacques Desrosiers's injury
 16 specifically. Do you have your report there?
 17 A. Yes, I do.
 18 Q. So you -- you reviewed the emergency room records
 19 and the surgical records, right?
 20 A. Correct.
 21 Q. An assumption that you commonly will rely on when
 22 assessing a patient because you weren't initially there
 23 to see the person firsthand, so you've got to rely on
 24 these records, right?
 25 A. Correct.

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1 injury that was reported.
 2 MS. DEVINE: Okay.
 3 MR. HURD: Yeah. I'm not moving to admit
 4 this. I'm not using it to impeach it. I'm just trying
 5 to make this simple so we have the report there in
 6 front of him, okay? Is that fair?
 7 MS. DEVINE: Yes.
 8 MR. HURD: Okay. All right. Let's -- let's
 9 continue on.
 10 BY MR. HURD:
 11 Q. So you also agreed based on your review of the
 12 records, that on examination he had an entry and exit
 13 wound over his right scrotum lateral to the median
 14 raphe and extensive partial degloving injury of the
 15 penis, and I'll stop there.
 16 A. Correct.
 17 Q. What does -- what does it mean, the right scrotum
 18 lateral to the median raphe. What part of the anatomy
 19 is that?
 20 A. So the -- it's the raphe. So the raphe is -- the
 21 median raphe is the midline of the scrotum. So the
 22 exit wound came in through the right side and out
 23 through the right side. So it basically was confined
 24 to the right side of the scrotum and wasn't confined to
 25 the left side. The median raphe is the division. And

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1 Q. Okay. So I'm going to take you to the third page
 2 of your report. You would agree that you reviewed the
 3 urology records and that the urology service was
 4 consulted and Mr. Desrosiers was taken to the operating
 5 room for emergent exploration and repair, right?
 6 A. Correct.
 7 Q. What does emergent mean? Is that emergency?
 8 A. Emergent, by technical definition, means that the
 9 patient is taken typically to the operating room within
 10 four hours of an injury, ideally.
 11 Q. And you'd want that for a serious injury like
 12 Officer Desrosiers's?
 13 A. Correct.
 14 MS. DEVINE: Objection. Ryan, can I ask --
 15 sorry. We can go off the record for a second if you
 16 want or we can deal with it now. Are you impeaching
 17 him with his report? Are you moving to admit it?
 18 THE REPORTER: I'm -- I'm sorry to cut in.
 19 MS. DEVINE: You can stay on the record.
 20 Sorry.
 21 MR. HURD: Well, I'm -- yeah, and we don't
 22 have to go off the record for this. I am using this
 23 report just so we don't have to go through scores of
 24 records because this is just a review of his records.
 25 So I'm having him confirm his understanding of the

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1 extensive partial degloving injury of the penis means
 2 that the overlying skin of the penis was injured and
 3 had been violated during the -- the -- from the gunshot
 4 injury.
 5 Q. For the gloving injury, that's a serious injury
 6 where the skin and the underlying tissues are pulled
 7 away from the deeper structures, like the muscle and
 8 the connective tissue, [crosstalk] --
 9 A. Right. Degloving only involves the skin, not the
 10 muscle, not the deep layers.
 11 Q. Okay. So it's like skin being torn off of a body
 12 part like the glove coming off of your hand. That's
 13 what they call it degloving.
 14 A. That's correct.
 15 Q. Okay. It continues that he had a larger defect
 16 over the right lateral aspect of the penile shaft. And
 17 there was one area where the injury appeared somewhat
 18 deeper to the level of the right corpus. What's the
 19 corpus?
 20 A. So the corpus on the right side is the -- a part of
 21 the erectile body of the penis.
 22 Q. Okay. What does that mean, the erectile body?
 23 A. So within the penis, you have the right and left
 24 corporal bodies that are responsible for erection.
 25 Q. Okay. And the corporal bodies are filled with

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1 arteries that fill up with blood to achieve and
 2 maintain an erection, right?
 3 A. That's correct.
 4 Q. Okay. So according to his initial reports, he had
 5 an injury that was deeper to the level of that right
 6 corpus, that erectile body part, right?
 7 A. Correct.
 8 Q. He underwent scrotal exploration and repair of his
 9 ruptured right testicle, correct?
 10 A. Correct. Correct.
 11 Q. What does that mean -- what does that mean to have
 12 a ruptured right testicle?
 13 A. So anatomically, the testicle has an external
 14 covering called the tunica albuginea,
 15 A-L-B-U-G-I-N-E-A. And the tunica is what keep the
 16 content of the right testicle within the testicle. And
 17 when there's a violation of the tunica, that is
 18 considered a testicular rupture.
 19 Q. Would you agree with me that there was an
 20 ultrasound done, and that revealed the extent of that
 21 right-testicle rupture. And there was testicular
 22 contents in his scrotum.
 23 A. Correct.
 24 Q. So it's pretty severe damage to his right testicle;
 25 would you agree?

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1 Q. And you would admit that the injury to his penis
 2 and the possible injury of a deeper portion of the
 3 right corporal body could also have contributed to ED,
 4 correct?
 5 A. Correct.
 6 Q. Okay. And with these injuries, you can't guarantee
 7 that the treatment for ED or low testosterone that once
 8 worked would continue to work; is that fair?
 9 A. Disagree on that.
 10 Q. Okay. So it's your opinion that despite the
 11 physical injuries to the corporal portion of the
 12 erectile body and his penis and the loss of a portion
 13 of his right testicle, that the treatment that once
 14 worked, the generic Viagra, that should work 100
 15 percent, regardless?
 16 A. I don't say -- I didn't say 100 percent, but
 17 there's -- it could -- the dose of Viagra that he was
 18 on was not the highest dose. He may require a higher
 19 dose of one of the other therapies.
 20 Q. As part of your evaluation, you didn't test that
 21 theory out, right? You didn't give him a high dose of
 22 Viagra and see if he could achieve an erection?
 23 A. I'm not his treating physician, so that was not my
 24 goal of when I went to his -- see him and examine him.
 25 Q. So I understand that you've been retained by the

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1 A. I think severe is relative, but I would say that
 2 there was damage to the right testicle.
 3 Q. Well, severe as relative to what? I'm not saying
 4 that it was life-threatening, per se. But in terms of
 5 the functioning of his right testicle, this was a
 6 serious injury to his right testicle; was it not?
 7 A. Correct.
 8 Q. And in fact, he lost a portion of his right
 9 testicle, correct?
 10 A. Correct.
 11 Q. Okay. So between the injury to the corporal body
 12 that is a part that you need to have an erection and
 13 the injury to his right testicle, which he lost part
 14 of, these are the type of physical injuries to a
 15 person's anatomy that on their own could cause ED; is
 16 that fair?
 17 A. In some cases, yes.
 18 Q. And an injury like that to the testicle, that's
 19 something that could contribute to low testosterone,
 20 right? Because your testicles make testosterone.
 21 A. Correct.
 22 Q. So you would admit that the loss of a portion of
 23 the right testicle could have contributed to the
 24 diagnosis of hypogonadism, right?
 25 A. Correct.

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1 law firm for Sig Sauer, and in connection, naturally,
 2 you're going to be paid for your time, right?
 3 A. Correct.
 4 Q. Do you agree that not counting today's deposition
 5 and the preparation for today's deposition, to date,
 6 you have been paid or at least invoiced upwards of
 7 \$21,000?
 8 A. That is correct.
 9 Q. Have you been paid for today yet?
 10 A. No, I have not.
 11 MS. DEVINE: I object to that question.
 12 BY MR. HURD:
 13 Q. What is your -- what is your fee for participating
 14 in today's deposition?
 15 A. I believe it's -- off the top of my head, I
 16 actually don't know, but it's somewhere 6- and \$7,000.
 17 MR. HURD: Okay. I don't have any further
 18 questions. Thank you.
 19 THE WITNESS: Thank you.
 20 FURTHER EXAMINATION
 21 BY MS. DEVINE:
 22 Q. Dr. Mourtzinis, just a couple of follow-up
 23 questions. As part of the acute treatment received at
 24 Mass General Hospital, was there any probing done on
 25 Mr. Desrosiers's penis in particular?

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1 A. According to the operative report, yes.
 2 Q. Okay. And what did that -- what was that, and what
 3 did -- what did it reveal?
 4 A. Based on the operative report, there was no repair
 5 that was necessary to the potential deeper injury of
 6 the right corporal body. And the only thing that was
 7 done with respect to the penis was removal or
 8 debridement, in doctor's term, of the skin that did not
 9 appear viable with then closure of the skin that
 10 appeared to be viable.

11 Q. Thank you, Dr. Mourtzinis. And certainly, you've
 12 treated patients who have experienced trauma to their
 13 penis or scrotum, correct?

14 A. Correct.

15 Q. And you've been able to successfully provide them
 16 treatment, whether it be from resulting in erectile
 17 dysfunction or low testosterone, correct?

18 A. Correct.

19 Q. And in fact, you've treated cancer patients,
 20 including patients who may have lost a testicle as a
 21 result of their treatment, correct?

22 A. Correct.

23 Q. Okay. And those patients can also successfully be
 24 treated for erectile dysfunction and low testosterone,
 25 correct?

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1 this trauma, correct.

2 MS. DEVINE: I'm not sure how to ask that
 3 more -- okay. Sure.

4 MR. HURD: Have you -- have you treated --

5 MS. DEVINE: That's what I thought I asked,
 6 but I can ask it again.

7 BY MS. DEVINE:

8 Q. Dr. Mourtzinis, have you treated any patients with
 9 trauma to their penis or scrotum?

10 A. Yes, I have.

11 Q. And could you describe for the jury what the
 12 success rate of treatment with -- strike that.
 13 What is the -- strike that. Give me a second.

14 And have any of those patients successfully been
 15 treated for any erectile dysfunction or low
 16 testosterone that may have resulted from that trauma?

17 A. Yes, they have.

18 Q. Have you treated cancer patients, for example, who
 19 may have had a testicle removed as a result of their
 20 treatment?

21 A. Yes, I have.

22 Q. Have you successfully provided treatment from any
 23 resulting low testosterone or ED?

24 A. Yes, I have.

25 MS. DEVINE: Nothing further.

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1 A. Correct.

2 MS. DEVINE: Nothing further.

3 MR. HURD: Objection.

4 MS. DEVINE: I could reask that question.

5 MR. HURD: Yeah. I -- actually, I'd say --

6 MS. DEVINE: Sure.

7 MR. HURD: -- you want to redo those last

8 three and make them open-ended, and I won't be
 9 objecting to them?

10 MS. DEVINE: Sure.

11 BY MS. DEVINE:

12 Q. Dr. Mourtzinis, have you treated -- we discussed
 13 this earlier that you've treated a number of patients
 14 with trauma to their penis and scrotum, correct?

15 A. Correct.

16 Q. And some of those --

17 MR. HURD: Objection.

18 BY MS. DEVINE:

19 Q. -- have any of those patients --

20 MS. DEVINE: What's the objection? Sorry.

21 MR. HURD: You're leading him.

22 MS. DEVINE: If he's treated any patients

23 with trauma to their penis and scrotum?

24 MR. HURD: You're -- you're telling him he

25 had. You're saying, you've treated these people with

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1 MR. HURD: I don't have any further

2 questions.

3 THE REPORTER: I would love to take some
 4 transcript orders really quick. Ms. -- Ms. Devine,
 5 would you like to order a transcript today?

6 MS. DEVINE: Yes.

7 THE REPORTER: Is electronic PDF all right?

8 MS. DEVINE: Yes.

9 THE REPORTER: Fantastic. Mr. Hurd, would
 10 you like to order a copy?

11 MR. HURD: Yes, I would.

12 THE REPORTER: Is electronic PDF okay for you
 13 as well?

14 MR. HURD: Yes, it is.

15 THE REPORTER: Fantastic. Thank you so much.

16 MR. HURD: Thank you all.

17 THE VIDEOGRAPHER: This is the end of the
 18 [crosstalk] --

19 MR. HURD: Thank you, Doctor. Have a great
 20 weekend.

21 THE WITNESS: Thank you, Ryan. Stay well.

22 MS. DEVINE: Thanks, Ryan.

23 THE REPORTER: -- deposition of --

24 MR. HURD: Thanks, Alaina. Talk to you
 25 later.

<div>2025-06-13</div> <div>Mourtzinos, Arthur</div> <div>Page 45</div> <div> <p>1 THE REPORTER: -- Dr. Arthur Mourtzinos. Off</p> <p>2 the record 11:15 a.m.</p> <p>3 THE VIDEOGRAPHER: We are now going off the</p> <p>4 record. The time is 11:15 a.m. Eastern Daylight Time.</p> <p>5 (The deposition concluded at 11:15 a.m.)</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p> </div>	<div>2025-06-13</div> <div>Mourtzinos, Arthur</div> <div>Page 46</div> <div> <p>1 CERTIFICATE OF REPORTER</p> <p>2</p> <p>3 I, Alec Ricker, a Digital Reporter and Notary</p> <p>4 Public within and for the Commonwealth of</p> <p>5 Massachusetts, do hereby certify:</p> <p>6 That the foregoing witness whose examination</p> <p>7 is hereinbefore set forth was duly sworn and that said</p> <p>8 testimony was accurately captured with annotations by</p> <p>9 me during the proceeding.</p> <p>10 I further certify that I am not related to</p> <p>11 any of the parties to this action by blood, marriage,</p> <p>12 or employ and that I have no interest in the outcome of</p> <p>13 this matter, financial or otherwise.</p> <p>14 IN WITNESS THEREOF, I have hereunto set my</p> <p>15 hand this 24th day of June, 2024.</p> <p>16</p> <p>17 _____</p> <p>18 Alec Ricker</p> <p>19 Commission Expires: October 18, 2030</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p> </div>
<div>2025-06-13</div> <div>Mourtzinos, Arthur</div> <div>Page 47</div> <div> <p>1 CERTIFICATE OF TRANSCRIPTIONIST</p> <p>2</p> <p>3 I, Tammy Bales, Certified Verbatim Reporter,</p> <p>4 do hereby certify:</p> <p>5 That the foregoing is a complete and true</p> <p>6 transcription of the original digital audio recording</p> <p>7 of the testimony and proceedings captured in the</p> <p>8 above-entitled matter. As the transcriptionist, I have</p> <p>9 reviewed and transcribed the entirety of the original</p> <p>10 digital audio recording of the proceeding to ensure a</p> <p>11 verbatim record to the best of my ability.</p> <p>12 I further certify that I am neither attorney</p> <p>13 for nor a relative or employee of any of the parties to</p> <p>14 the action; further, that I am not a relative or</p> </div>	